

# Overview of Managed Care & Medicaid Changes

Medicaid Modernization Stakeholder Group

Staff Training for Transition to Managed Medicaid



## IA Health Link



- The program aims to **bring together all services** such as physical health care, behavioral health care, and long term care under **one program**
- Members included in IA Health Link who will be enrolling in Managed Care include:
  - Low income families and children
  - Iowa Health and Wellness Plan
  - Long Term Care
  - HCBS Waivers
  - hawk-i
  - Medicaid for Employed People with Disabilities or MEPD
  - Dually eligible Medicaid and Medicare



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## Programs not Included

- ▶ Program of All-inclusive care for the elderly (PACE) but they may opt in
- ▶ Presumptive Eligibility and Retro-active Coverage will continue to be provided as Fee-for-Service through IME
- ▶ Dental benefits are carved out and will remain the same.
- ▶ HIPPP participants are NOT included in any of the changes related to IA Health Link



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## What is a Managed Care Organization (MCO)?

- ▶ Health plan which coordinates care for a member
- ▶ Private entity, like other insurance companies
- ▶ Paid from the State of Iowa to coordinate patient's care



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## What are members doing in January and February?

- ▶ Iowa Medicaid members will:
  - Receive services from Iowa Medicaid between January 1 - February 29
  - Receive coverage from their chosen MCO, beginning March 1
- ▶ All *hawk-i* members are under UnitedHealthcare and may:
  - Switch to Amerigroup or AmeriHealth; or
  - Choose to stay with UnitedHealthcare
- ▶ Members should:
  - Update any address changes with DHS
  - Watch their mail for MCO member enrollment letters



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## What should providers do in January and February?

- ▶ Providers will bill Iowa Medicaid Enterprise (IME) through the fee for service model
- ▶ Programs such as Meridian, Magellan are no longer effective after January 1
- ▶ After March 1, proceed with new MCO pay codes



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7 Who are the three Managed Care Organizations (MCOs)?

- 1) Amerigroup Iowa, Inc.   
An Anthem Company
- 2) AmeriHealth Caritas Iowa, Inc. 
- 3) UnitedHealthcare Plan of the River Valley, Inc. 

WellCare is *no* longer an option

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8 Will benefits change or stay the same?

- Benefits will stay the same
- Each MCO company can offer “value added services” (additional incentives)
- The Managed Care Ombudsman’s Office serves as member advocate
  - Call (866) 236-1430
  - Email [ManagedCareOmbudsman@iowa.gov](mailto:ManagedCareOmbudsman@iowa.gov)

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## Will DHS continue to determine eligibility?

- ▀ Yes. DHS will determine eligibility at application
- ▀ Members will continue to receive a Medicaid card

### **Iowa Medicaid Member Services:**

1 (800) 338-8366

(515) 256-4606

[www.IAHealthLink.gov](http://www.IAHealthLink.gov)

[IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)



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## What is the correct date(s) for how long members can see providers outside of the MCO network and receive 100% reimbursement? And then 90%?

- ▀ Out-of-network providers will receive full in network reimbursement until March 31, 2016. After that, out-of-network providers will receive 90 percent reimbursement rates indefinitely



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If a member's provider is not included in their MCOs network, and they see them after March 31, 2016, will the provider be paid? If not, will the member be forced to pay out of pocket?

- The provider may accept the 90 percent out-of-network rate from the MCO, or refuse to see the patient.



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If a member of IA Health Link sees a provider who is a registered Fee-For-Service provider with IME, but not signed with any MCO and not willing to work with the MCOs, will the state pay?

- No, the state will not pay
- The provider may accept the 90 percent out-of-network rate from the member's MCO, or refuse to see the member



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## Can patients be billed from providers who are not participating with the MCOs or Medicaid?

- Yes. The provider must notify the member that they will pay out of pocket prior to services, or the provider may refuse to see the patient.



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## Can patients change their MCO?

- Members will be auto-assigned to an MCO
- February 17, 2016 deadline to select different MCO for effective date of March 1
- May 18 deadline to change MCO for any reason
- After May 18th, patients need “good cause”:
  - Example: provider not enrolled with an MCO
  - Change may take 1+ months



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## More Information about Medicaid Program Changes

- Sign up for email alerts at  
IMECommunications@dhs.state.ia.us with:
  - Subject line: "subscribe"
  - Include your name, organization and email address
- Online resources:
  - [www.IAHealthLink.gov](http://www.IAHealthLink.gov)
  - IA Health Link: Medicaid Program Changes Member Services - Iowa Medicaid Enterprise:  
[https://dhs.iowa.gov/sites/default/files/IA\\_Health\\_Link\\_MedicaidProgramChanges.pdf](https://dhs.iowa.gov/sites/default/files/IA_Health_Link_MedicaidProgramChanges.pdf)



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## Check your understanding



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Lifelonglinks is the name  
of the new program  
launching March 1<sup>st</sup>.

Quiz

True or False

**False**

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HIPP program members  
will be included in the  
changes to Managed Care.

Quiz

True or False

**False**

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Overview of Managed Care & Medicaid Changes

*hawk-i* Members will be included in the changes to Managed Care.

Quiz

True or False

**True**

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Overview of Managed Care & Medicaid Changes

The MCO is operated by the State of Iowa.

Quiz

True or False

**False**

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Wellcare is one of the  
Managed Care  
Organizations.

Quiz

True or False  
**False**

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Benefits will stay the same  
under the Managed Care  
model.

Quiz

True or False  
**True**

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Overview of Managed Care & Medicaid Changes

DHS will continue to  
manage Medicaid  
applications and determine  
eligibility.

Quiz

True or False

**True**

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Overview of Managed Care & Medicaid Changes

Once assigned, patients are  
not able to change MCOs.

Quiz

True or False

**False**

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## What should members think about in making their MCO choice?

- ▀ Are their providers part of the MCO network?
- ▀ Are their pharmacies part of the MCO network?
- ▀ Are their health care specialists part of the MCO network?
- ▀ Does the MCO have any value-added services or health programs that are beneficial?
- ▀ Does the MCO have member support available to fit their needs (24/7 call center, language support, etc.)?



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## Phone Call Scenario – 1<sup>st</sup> caller



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## Phone Call Scenario – 2<sup>nd</sup> caller



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## In-Office Scenario



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## Guidelines for Providers

- Strict prohibitions against patient steering
- Inform patients of all health plans in which a provider participates
- Disclosure of health plan participation must be all or nothing
- Display signage, as provided by the MCO, must include all plans in which they participate
- Providers participating in only one plan may display signage for that plan and advise patients that is the only plan accepted by that provider



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## Guidelines for Providers

- Providers may not recommend one health plan over another, nor offer patient incentives for enrollment
- Providers may not assist a patient in the selection of a specific health plan
  - Patients may not use the provider's fax, office phone, computer, etc., to make a selection
- Providers are not allowed to change a member's health plan or request reassignment on a member's behalf



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## Primary Care Physician Assignments

- An additional packet will follow that includes the member handbook and additional member materials
- Members should be aware they will be auto-assigned to a PCP
- The PCP will be listed on the front of the card
- Members should be aware of their PCP assignment and understand they are able to make a change to another provider as needed.



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## MCO General Information:

- **Check insurance IDs.** Each patient receiving Medicaid will present two IDs:
  - MCO identification card
  - Medicaid identification card
- **Check eligibility on IME Website**
  - Eligibility and patient's MCO will be on IME website
  - IME website will *not* provide patient's MCO ID number
- **Check eligibility and PCP** – each MCO has a provider contact number to call:
  - Ensure eligibility
  - Ensure primary care physician



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**Amerigroup**

An Anthem Company


General Information  
Key Contact Information



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## IDs and Checking Eligibility


**Amerigroup**  
An Anthem Company

- Amerigroup Identification –
  - Amerigroup ID, IA Health Link ID, Name and phone number of primary medical group
- Checking eligibility may be done the day prior:
  - 1) Call Provider Services at **1-800-454-3730**
  - 2) Provide **NPI number, patient's first and last name and DOB**
  - 3) If patient's identification number is unknown, provide:  
Your name, first initial of your last name, member's first and last name, DOB, Medicaid number, SSN, full mailing address, member's phone number
  - 4) The representative will provide you with the ID number (if unknown), the name of the primary medical group (otherwise known as PCP)

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## Changing PCPs



An Anthem Company

- Primary Care Provider (PCP) Assignments are made via NPI Number
- If your office is **not** the PCP then patients will need support changing their PCP
- Staff may help a patient by calling the following:
  - 1) Call Provider Services at **1-800-454-3730**
  - 2) Provide the NPI number, **patient's first and last name and DOB**
  - 3) Have the patient indicate that they need to "Change their PCP"
  - 4) The representative will complete this and provide same day confirmation number; **the patient will receive new cards indicating your office as PCP within 10 business days. This change should be effective immediately.**

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## Key Contact Information




An Anthem Company

- |   |  |
|---|--|
| ➤ <b>Provider Services:</b> 1-800-454-3730  | ➤ <b>Website:</b>                      |
| ➤ <b>Member Services:</b> 1-800-600-4441    | providers.amerigroup.com/ia            |
| ➤ <b>Amerigroup on Call:</b> 1-866-864-2544 |  |
| 1-866-864-2545 (Spanish)                    | ➤ <b>Electronic claims submission:</b> |
| ➤ <b>Precertification:</b>                  | ➤ Availity: payer ID 26375             |
| Phone: 1-800-454-3730                       | ➤ Emdeon: payer ID 27514               |
| Fax: 1-800-964-3627                         | ➤ Caprio: payer ID 28804               |
| ➤ <b>Pharmacy prior authorization:</b>      | ➤ Smart Data Solutions: payer ID 81273 |
| Phone: 1-855-712-0104                       |  |
| Fax: 1-800-601-4829                         | ➤ Amerigroup Link for Members          |
| ➤ <b>Paper claims submission:</b>           | myamerigroup.com/ia                    |
| Amerigroup Iowa, Inc. Claims                |  |
| P.O. Box 61010                              |  |
| Virginia Beach, VA 23466-1010               |  |


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**AmeriHealth Caritas™**  
Iowa


General Information  
Key Contact Information



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## IDs and Checking Eligibility



- AmeriHealth Caritas Identification
  - AmeriHealth Caritas ID, IA Health Link ID, the member's name, DOB, copay amount, effective date, and member's primary care provider
- Checking eligibility may be done the day prior:
  - 1) Call Provider Services at **515-103-1440**
  - 2) Provide the NPI number, patient's first and last name and DOB
  - 3) The representative will provide you with the ID number (if unknown), the name of the primary medical group

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## Changing PCP



- Primary Care Provider (PCP) Assignments are made via NPI Number
- If your office is **not** the PCP then patients will need support changing their PCP
- Staff may help a patient by calling the following:
  - 1) Call Member Services at 1-855-332-2440
  - 2) Patient will need to provide their identification number, patient's first and last name, and DOB
  - 3) Have the patient indicate that they need to "Change their PCP"
  - 4) The representative will complete this and provide same day confirmation by providing the representative's name and date of the call; the **patient will receive new cards indicating your office is PCP within 7-10 business days**. The PCP change is effective immediately.

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## Key Contact Information



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|---|--|
| <ul style="list-style-type: none"> <li>➤ <b>Provider Services:</b><br/>844-411-0579</li> <li>➤ <b>Member Services:</b><br/>855-332-2440</li> <li>➤ <b>Nurse Call-line:</b><br/>855-216-6065</li> <li>➤ <b>Website:</b><br/><a href="http://www.amerihealthcaritasia.com">www.amerihealthcaritasia.com</a></li> <li>➤ <b>Electronic claims:</b> <ul style="list-style-type: none"> <li>• EDI Payer ID#: 77075</li> <li>• Or Emdeon at 877-363-3666<br/><a href="http://www.emdeon.com">www.emdeon.com</a></li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>➤ <b>UPaper Claims:</b><br/>AmeriHealth Caritas Iowa<br/>Attn: Claims Processing Department<br/>P.O. Box 7113<br/>London, KY 40742</li> <li>➤ <b>Utilization Management:</b><br/>1-844-411-0604<br/>Fax: 1-844-211-0972<br/>Hours: 8:30 a.m. to 5:30 p.m. M-F</li> <li>➤ <b>Care Coordination/Rapid Response:</b><br/>1-855-332-2440, prompt 3<br/>Fax: 1-844-399-0477</li> </ul> |
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**UnitedHealthcare®**  
Community Plan

General Information  
Key Contact Information




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## IDs and Checking Eligibility


**UnitedHealthcare®**  
Community Plan

■ **UnitedHealthcare Identification**

■ UnitedHealthcare ID, member's name, DOB, primary care provider, & Medicaid type indicated in lower right hand corner

■ **Checking eligibility may be done the day prior:**

- 1) Call Provider Services at **1-888-650-3462** (automated)
- 2) Provide the tax identification & indicate "claims and eligibility"
- 3) They will ask if the results should be provided via phone or fax
- 4) Enter the identification by entering ID number or DOB. If the ID number is unknown then enter SSN
- 5) The automated system will provide eligibility status, effective date, but will NOT provide PCP
- 6) In order to obtain PCP, stay on the line and say "representative"

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## Changing PCP



- Primary Care Provider (PCP) Assignment are made via NPI Number
- If your office is NOT the PCP then patients will need support changing their PCP
- Staff may help a patient by calling the following:
  - 1) Call Member Services at 1-800-464-9484
  - 2) Patient will need to provide their identification number, patient's first and last name, and DOB
  - 3) Have the patient indicate that they need to "Change their PCP"
  - 4) The representative will complete this and provide same day confirmation *if requested*. The patient will receive new cards indicating your office as PCP within 7-10 business days. *The PCP change is effective immediately.*

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## Key Contact Information



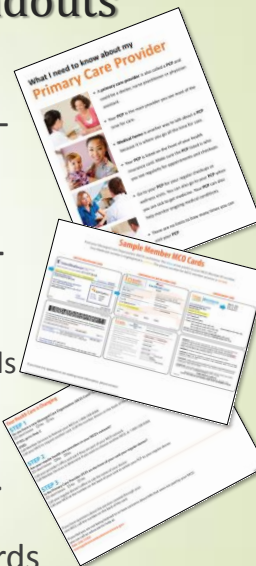
- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>➤ <b>Provider Services:</b><br/>888-650-3462</li> <li>➤ <b>Member Services:</b><br/>800-464-9484<br/>M – F 7:30 a.m. to 6:00 p.m. CT</li> <li>➤ <b>Electronic Claims:</b><br/>UnitedHealthcareOnline.com<br/>&lt;secure logon&gt;<br/>Claims &amp; Payments<br/>Payer ID: 87726</li> <li>➤ <b>Paper Claims:</b><br/>United Healthcare Community<br/>Claims<br/>P.O. Box 5220<br/>Kingston, NY 12402-5220</li> </ul> | <ul style="list-style-type: none"> <li>➤ <b>Prior Authorization Requests:</b><br/>888-650-3462<br/>Fax: 888-899-1680</li> <li>➤ <b>Website:</b><br/>www.<br/>UnitedHealthcareOnline.com</li> <li>➤ <b>Prescription Drug</b><br/>Prior Authorization Request<br/>Form fax to 866-940-7328</li> </ul> |
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## Member and Provider Handouts

- **Primary Care Provider Handout** – to help patients understand importance of establishing PCP
- **Member Sample Card Handout** – Can be used when patients show up without MCO cards
  - **Front side** has sample member cards
  - **Backside** includes contacts for who to call for help
- **Provider Sample Card Handout** – indicates where to find needed information on MCO Member Cards



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# Check your understanding



Overview of Managed Care & Medicaid Changes

Patients need to bring only  
their Medicaid card to  
appointments.

Quiz

True or False  
**False**

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Overview of Managed Care & Medicaid Changes

The IME website will  
indicate eligibility.

Quiz

True or False  
**True**

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The IME website will not provide the patient's MCO identification number.

Quiz

True or False

**True**

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Overview of Managed Care & Medicaid Changes

Patients can be told which MCO they should pick by a case manager, provider or other health care staff.

Quiz

True or False

**False**

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Overview of Managed Care & Medicaid Changes

Patients who have not received an MCO card are not able to seek care.

Quiz

True or False  
**False**

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## Medicaid Modernization Stakeholder Group

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- Broadlawns
- Unity Point
- Blank Children's Hospital
- Mercy Hospital
- Primary Health Care
- US Committee for Refugees and Immigrants
- Polk County Health Department
- Polk County Health Services
- Visiting Nurse Services of Iowa
- Aging Advocates
- Orchard Place
- Managed Care Ombudsman Office
- United Way
- Iowa Medicaid Enterprise
- Department of Human Services
- Mid Iowa Health Foundation
- Children and Family Policy Center

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